



Onslow County Health Department
 234 Northwest Corridor Blvd
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-5819

OPERATIONS PERMIT

(GS 130A-337)

Owner: ZGRODEK ANDREW & ANGELA

Address: 122 PINEY CREEK DR, HOLLY RIDGE, NC 28445

Parcel: 762B-4.1

Subdivision: PINEY CREEK

Lot Number: **Section:** **Phase:**
Block: **Part:** **Tract:** 2

Proposed Use: Single Family Residence

Location: 122 Piney Creek Drive

Facility/Daily design flow: 3 bedrooms / 360 gpd / 6 Persons Max

System Information: "This permit is issued pursuant to SL 2017-211."

Installed 3-67' gravel trenches in 24" fill system, (93' x 47').

Repair area is 600 sq ft Aerobic drip, TS-II pre treatment.

SEPTIC INSTALLED BY FRANK ALLEN.

Water Supply: Public

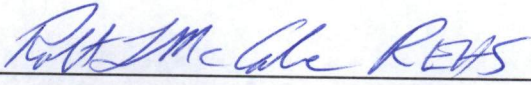
System Description: Conventional, Gravel Trench, System in Fill

Permit No: EHOP-2019-00061

Workclass: EH OP New

FINAL PLOT / REMARKS
System Type: III
System Classification: c. Gravity fill system
Manufacturer: Conventional Gravel Trench in Fill
Model#: GTR

Note: Type V and VI systems expire in 5 years. (In accordance with Table Va of .1961). Owner must contact the Onslow County Health Department 6 months prior to expiration for permit renewal. Onslow County Health Department is required to inspect the following system types: IIIb, every 5 years; IV, every 3 years; V, once per year and VI, every six months.

Signed By: Robert McCabe 

Date: 02/25/2019

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the I.P. and C.A. This system shall perform in accordance with 15A NCAC 18A Rule .1961. Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank periodically removed from all compartments. The contents shall be pumped, by approved means, whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

THE ISSUANCE OF THIS O.P. DOES NOT CONSTITUTE AN ONSLOW COUNTY WARRANTY OR GUARANTEE OF THE FUNCTIONALITY OF THE WASTEWATER SYSTEM



Onslow County Health Department
 612 College Street
 Jacksonville, North Carolina 28540
 Phone: (910) 938-5851 Fax: (910) 989-2341

CONSTRUCTION AUTHORIZATION

(GS 130A-336)

Permit No: **ECA2013-00302**

Category: **New**

(Required for Building Permit)

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT. ~~NOT TO EXCEED 5 YEARS.~~

ACT 1-18-18

Owner: THOMPSON DONALD C

DATE OF VALIDITY EXTENDED BY SESSION LAW 2017-211
 REVISED EXPIRATION DATE: 1/1/2020

Address: 122 PINEY CREEK DR HOLLY RIDGE, NC 28445

SR #:

Subdivision:

Lot:

Section:

Phase:

Block:

Part:

System:

Unit:

Division:

Tract: 2

Location:

System Type/Description: III System in Fill

System Classification: c. Gravity fill system

Facility/Daily design flow: **3 bedroom residence < 360 gpd**

System Info: 24" fill system, (93' x 47'), 3-67' trenchdes. Repair area is 600 sq ft Aerobic drip, TS-II pre treatment

LTAR: .6 gpd/sq. ft.

Water Supply: Public

Septic Tank Size: >900 gallons

Grease Trap Size N/A gallons

Pump Tank Size: N/A gallons

Nitrification Area: 600 sq. ft.

Nitrification Area: 200 lin. ft.

No of Lines: 3

Line Length: 67'

Line Width: 3'

Trench Bottom Depth: 6" above original soil surface

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed By: Jason Smith

Date:

04/02/2013

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. This Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958 and .1959 are incorporated by reference into this permit and shall be met.

THE ISSUANCE OF THIS C.A. DOES NOT CONSTITUTE AN ONSLOW COUNTY WARRANTY OR GUARANTEE OF THE FUNCTIONALITY OF THE WASTEWATER SYSTEM

ONSWLOW COUNTY HEALTH DEPT.

OPERATIONS PERMIT

(GS 130A-337)

Permit No.: **23080**

Systems Type: IIIc

Owner: Piney Creek

Address: Lot 2

Location: Piney Creek Dr. off Tar Landing Rd

Sr #: _____

FINAL PLOT / REMARKS
3 bedroom residence / ≤ 360 gpd

THIS DOES NOT CONSTITUTE A WARRANTY OR GUARANTEE.

Installed By: _____

Signed By: _____

Date: _____

ONSWLOW COUNTY HEALTH DEPT.

CONSTRUCTION AUTHORIZATION

(GS 130A-336)

THIS AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION SHALL BE VALID FOR A PERIOD EQUAL TO THE PERIOD OF VALIDITY OF THE IMPROVEMENT PERMIT. NOT TO EXCEED 5 YEARS.

Permit No.: **23080**

System ~~type~~ type: IIIc

Owner: Piney Creek

Address: Lot 2

Location: Piney Creek Dr.

Sr #: _____

System Type/Description: 24" Fill system (93'x47') LTAR: .6 gpd/sq. ft.

Septic Tank Size: ≥ 900 gallons

Nitrification Area: 600 sq. ft. 200 lin. ft.

No. of lines: 3 Line length 67'x3'

Trench bottom depth: No deeper than 6" above original soil surface / soil-fill interface

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed: _____ Date: _____

ONSWLOW COUNTY HEALTH DEPT.

IMPROVEMENT PERMIT

(GS 130A-336)

- Valid for 5 years from date of issuance. 9/13
- Valid without expiration.

Permit No.: **23080**

System ~~type~~ type: IIIc

Owner: Piney Creek

Address: Lot 2

Location: Piney Creek Dr.

DATE OF VALIDITY EXTENDED BY SESSION LAW 2009-406
REVISED EXPIRATION DATE: 12-31-2016

DATE OF VALIDITY EXTENDED BY SESSION LAW 2017-211
REVISED EXPIRATION DATE: 1/1/2020

9/13
1-18-18

Sr #: _____

System Type/Description: 24" Fill system (93'x47') LTAR: .6 gpd/sq. ft.

Facility/Daily design flow: 3 bedroom residence / ≤ 360 gpd

Water supply: On-site well _____ Comm. well _____ Public X Other _____

(SEE ATTACHED PAGES 1 - 3 of 3 FOR ADDITIONAL PERMIT CONDITIONS)

Signed: Jaron Stl PJ Date: 9-23-08

NOTE: Permit is subject to revocation if site plans or intended use change.

Buff Ledger: **ORIGINAL** Blue: **BUILDING INSPECTION** Pink: **CLIENT**

PLOT PLAN

Addendum to permit #23080 page 1 of 3

Owner: Piney Creek
 Address: Lot 2
 Location: Piney Creek Dr.

Additional Permit Conditions

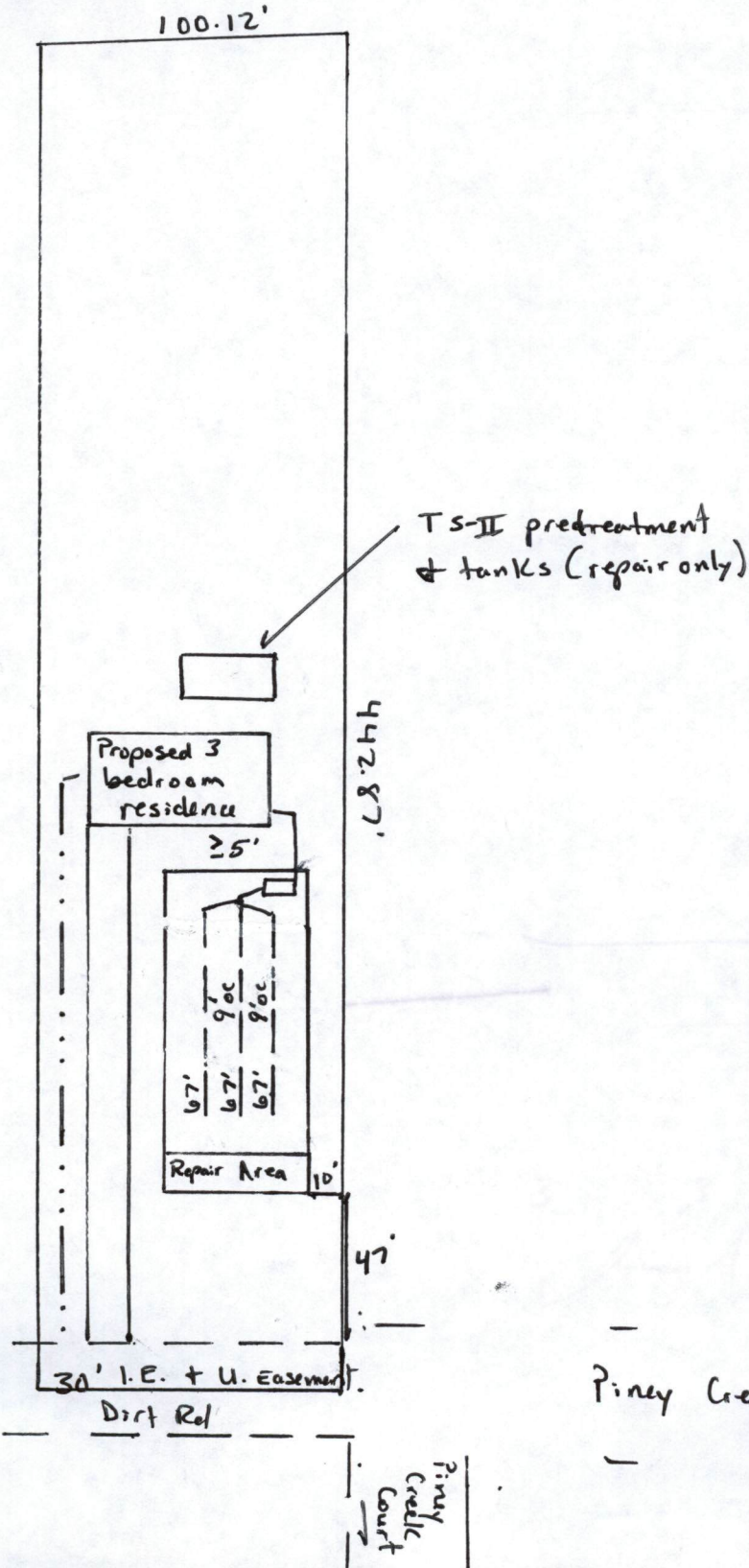
1. Do not park or drive on any part of system or repair area
2. Nitrification trench aggregate shall be covered with straw, untreated paper or other approved materials prior to final cover/backfilling.
3. Do not install system under wet conditions.
4. Adhere to minimum set back requirements as stated in Rule .1950 and .1951 of NC Laws and Rules for Sewage Treatment and Disposal System (Article 11, G.S. Chapter 130A) unless otherwise indicated on this permit.
5. Rock used in soil absorption systems shall be clean, washed gravel or crushed stone and graded or sized in accordance with size numbers 3, 4, 5, 57, or 6 of ASTM D-448 (standard sizes of coarse aggregate) which is hereby adopted by reference in accordance with G.S. 150 B-14 (c). Documentation of aggregate size shall be available upon request.
6. All pump tanks shall be tested for water tightness. Septic tanks may be subject to a water tightness test.
7. The septic tank is designed to receive sewage or wastewater under gravity flow. However, if a system subject to the N.C. Plumbing Code is used to pump raw sewage to the septic tank, the sewage shall be reduced to gravity/non-turbulent flow by approved means at the inlet of the septic tank.
8. An accepted wastewater system may also be installed in accordance with the accepted wastewater system approval. (Maximum LTAR of 1.0 gpd/ft²)
9. A deeded and recorded map shall be submitted to the Environmental Health Section of the Onslow County Health Department **PRIOR TO** the issuance of the Construction Authorization.
10. Run lines parallel to contour to accommodate the trench bottoms referenced on the Construction Authorization.
11. An **Approved** stormwater plan shall be submitted to the Onslow County Health Department **PRIOR TO** the issuance of a Construction Authorization.
12. **FOR DWELLING UNIT WASTEWATER SYSTEMS ONLY**- This wastewater system is designed only for the number of bedrooms shown as bedrooms or sleeping rooms on the building/floor plan approved by Onslow County Code Enforcement. No other room or space may be relabeled as a bedroom, used as a bedroom, or converted into a bedroom without prior approval from Onslow County Environmental Health.

Initial system

- 24" Fill (93'x47')
- 600 ft²
- 200 lin ft
- 3-67' trenches in fill

Repair Area

- 47' x 13'
- 600 ft² drip
- TS-II pre treatment



Owner: Piney Creek
 Address: Lot 2
 Location: Piney Creek Dr.

FILL SYSTEM DETAIL SHEET

I. Specifications

A. Site

- 1) Wastewater flow 360 gpd
- 2) Soil texture group II
- 3) LTAR .6 gpd/sq. ft.

B. Trenches

- 1) Trench Bottom 600 sq. ft.
- 2) Trench Width 3' ft.
- 3) Trench Length 200 ft.
- 4) Number of Trenches 3
- 5) Length of Each Trench 67 ft.

C. Fill

- 1) Length of Fill 93 ft.
- 2) Width of Fill 47 ft.
- * 3) Total Fill Area 4371 sq. ft.
- 4) Depth of Sand 18 in.
- 5) Depth of Cover 6 in.

*[The outside edge of any trench shall be at least
5 feet from the top of the side slope of the fill.]

II. Site Preparation

- A. Place flags at the 4 corners of the fill area as designated on page 1 of 3 of the Improvement Permit. Failure to place fill in the permitted area may result in the fill having to be moved or the permit revoked.
- B. Do not work when the site is wet. Working on soil when wet can destroy soil structure.
- C. Remove all above ground vegetation and root mat from area to be filled without removing topsoil. Removal of soil can result in revocation of the permit.
- D. Disk the area to be filled to a depth of 6 inches to break up root mat.

III. Placement of Fill

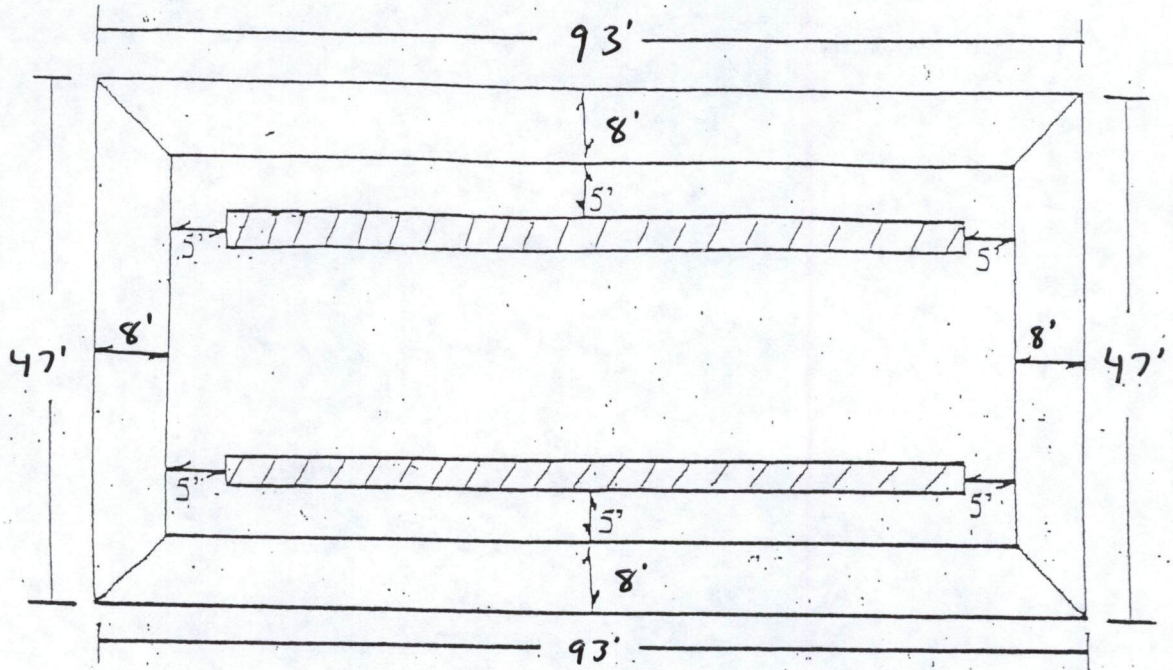
- A. Add 3 to 4 inches of approved sand fill to area and disk again to thoroughly mix the original soil and the fill. Approved sand fill is a sand or loamy sand.
- B. Add more sand fill to achieve a uniform height of 18" (see ID on diagram) in the middle of the fill area.
- C. The fill shall be tapered from the top edge of the fill to the ground surface 2 feet from the boundary of the fill area. The top edge of fill is located 5 feet from the proposed trenches.
- D. X X Contact Health Department for inspection of fill after owner or owner's legal representative has submitted an application for a Construction Authorization. Contact Health Department for inspection of fill prior to installing nitrification trenches if Construction Authorization has already been issued.

IV. Final Landscaping of Fill System:

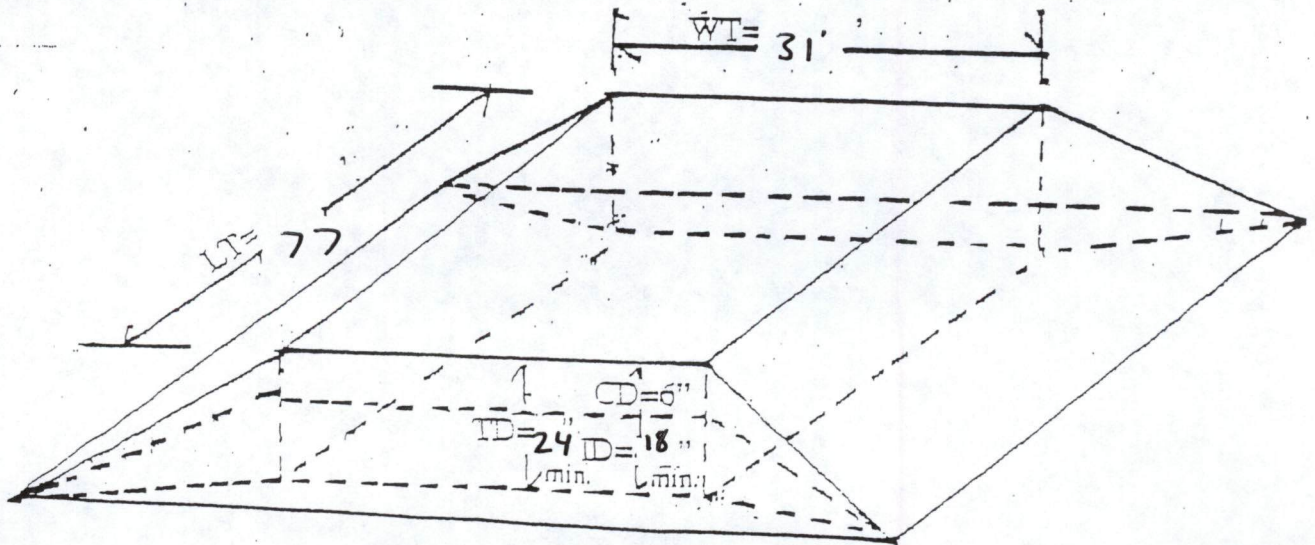
- A. The fill must be shaped to shed surface water and shall be stabilized with grass or other suitable cover to prevent erosion.
- B. Vegetation must be maintained once established. Grass must be mowed.
- C. Additional fill beyond what has already been specified may be necessary to cover and landscape around the septic tank.
- D. Call the Health Department for inspection after landscaping has been completed. The Operation Permit allowing use of the system will be issued at that time.

FILL SYSTEM DETAIL SHEET

PLAN VIEW



CROSS SECTION VIEW



- WT = width of top
- LT = length of top
- ID = initial depth

Additional fill may be needed to compensate for changes in elevation. This additional fill will require larger side slopes and therefore a larger

SEPTIC TANK INSPECTION CHECKLIST (Type II-IV)

Name: _____
 Address: _____

Location: EHD 2019-00061
122 Piney Creek Drive

Date of Construction Authorization 4-2-13 (If after January 1, 1999, Septic Tank with filter required)

SEPTIC TANK		INITIAL DATE	NITRIFICATION LINES		INITIAL DATE
Manufacture Date	<u>10-16-18</u>	<u>RM</u>	Trench Type:	<u>Rock</u>	<u>RM</u>
State ID Number	<u>578 134</u>	<u>2-14-19</u>	Trench Width:	<u>3'</u>	<u>2-14-19</u>
Capacity	<u>1000</u>		Trench Length:	<u>67'</u>	
Tee/Approved Filter	<input checked="" type="checkbox"/>		Trench Bottom Depth	<u>6" above ground</u>	
Baffle	<input checked="" type="checkbox"/>		Trench Grade		
Sealant	<input checked="" type="checkbox"/>		Rock Depth & Quality (3, 4, 5, <u>57</u> , 6)		
Tank Penetration Seal	<input checked="" type="checkbox"/>	<u>↓</u>	Aggregate Cover	<u>Geotextile</u>	<u>↓</u>
Riser if Applicable			Warranty (if applicable)		
PUMP TANK			Dams/Stepdowns/Drop box, etc.		
Manufacture Date			Pressure Lateral:		
State ID Number			Hole Spacing:		
Capacity			Hole Size:		
Waterproof/Sealant			Turn-ups/Protectors		
Riser			DISTRIBUTION SYSTEM		
Water tightness Test (Note Reading Below)			Distribution Method:	<u>0 Dip</u>	<u>RM</u>
PUMP			Serial Dist.		
Check Valve/Gate valve			Pressure Manifold		
Anti-siphon Hole (Size)			Pipe (Material and Grade)		
Float Switches			Valves		
Electrical Components			SUPPLY LINE		
Rate (gpm)			Location		
Pump Manufacturer:			Pipe (Material)		
Pump Model Number:			Pipe Size		
Pump Removal Method			Hydrostatic Leak Test:		
GREASE TRAP			LANDSCAPING		
Manufacture Date			Surface Drain		
State ID Number			Subsurface Drain		
Capacity			Depth of Cover: Tank: Drainfield: <u>6"</u>	<u>RM</u>	
Tee/Approved Filter			Finish Grade/Stabilize (if applicable)		
			Permanent Markers		
			OTHER		
			System Setbacks		<u>RM</u>
			Legal Documents		
			Mound Approved (Texture, Interface, <u>OK</u> <u>JS</u> <u>3-27-13</u>)		
Contractor:			Location, Length, Depth, Width)		
<u>Kevin Padgett</u>					

Revised 6-20-07
COMMENTS: